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Backgrounder

The Status of the Elderly

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THE STATUS OF THE ELDERLY

A. Changes in the 20th Century

The socioeconomic and political status of the elderly in Canada (as in other western industrialized societies) has changed considerably since the 19th century. One reason is that the proportion of elderly people in the Canadian population has increased -- from 5% in 1901 to about 10% in 1984. By the year 2031, some demographers have predicted that, because of falling birth rates, rising life expectancies and migration patterns, 20% of the population could be over 65.(1) Such a large elderly population necessitates more social planning related to public pension plans, health facilities, housing and social services. When elderly people's opinions are solicited and their concerns discussed, their political visibility and power are consequently raised.

A second factor affecting the status of the elderly is the development of public retirement and pension plans. Until this century, there were no government or employer-sponsored pensions, no medical or accident insurance and no subsidized apartments for senior citizens. Older people without savings and widows hoped their adult children would look after them. Having several children was seen as "insurance" for old

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(1) Statistics Canada, The Elderly in Canada, Cat. No. 99-932, Ottawa, April 1984; James K. Martin, "Social Policy Concerns Related to Retirement: Implications for Research," in Canada's Changing Age Structure. Implications for Social Research, ed., by Gloria M. Gutman, Simon Fraser University Publications, Burnaby, B.C., 1982, p. 147.

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age, and parents hoped that their children would eventually take over any family farm or business and continue to live near them. Those privileged elderly with money could hire housekeepers, live-in companions, nurses or private doctors, but most older people worked until they died or became disabled. In the latter case, unless they had help from their families, they could look forward to the poorhouse, or assistance from the community or a charitable organization.

As life expectancies increased, as industrial growth placed a new emphasis on efficiency and speed and as the labour process was de-skilled, employers tried to reduce the numbers of older people in the workforce. For these reasons, old age support and insurance programs were introduced in France as early as 1850, in Germany in 1889, in Austria in 1906 and in Sweden in 1913, though benefits were minimal and supplemented wages rather than replacing them.(2) In North America, however, the process of industrialization and replacement of older workers was not as advanced and policymakers still felt that people should not need government help to provide for their old age.

Historically, the solution to poverty in old age was thought to be thrift throughout the lifespan. Many young employees assumed they would start at the bottom of the hierarchy and gradually work their way up in an organization over time. The principles of seniority, hard work and frugality were expected to allow them to improve their financial position as they aged. But, because of low wages, unemployment or unexpected illness, most people could not accumulate enough savings for old age. Moreover, during the 1930s, widespread unemployment exacerbated problems for older workers and all Canadians; many people lost their life savings and thus their confidence in the tradition of self-reliance and individual thrift.(3) Politicians and social analysts began to realize that the

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(2) David H. Fischer, Growing Old in America, Oxford University Press, New York, 1977.

(3) Louis Ascah, "Recent Pension Reports in Canada: a Survey," Canadian Public Policy, Vol. X, No. 4, 1984, p. 415-428.

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causes of unemployment, declining income and poverty for the elderly were not always personal but were more often influenced by national and international economic conditions.

In 1927 the Canadian government first provided cost-sharing with the provinces for an old age pension which was initially means-tested and available only to those 70 and over. Because life expectancy was only about 61 years in 1931,(4) a relatively small segment of the population qualified. Post-World War II prosperity allowed Canada, like many countries, to develop an expanded system of income transfers to the elderly.(5) In 1952 the old age pension was made entirely federal and universal, but it was not until 1966 that the eligible age was lowered to 65.(6) Since the 1960s, Canadian federal and provincial governments have offered a variety of programs for the elderly. Most of these are income-support programs but others provide medical, community, housing or recreational services. These programs have contributed substantially to the financial and emotional well-being of the elderly and enabled them to maintain some independence from their families.

Government intervention has changed both the status of the elderly compared with that of other groups, and attitudes to aging. For example, people fear the aging process and retirement less if they are financially secure and know they can afford access to medical services.(7) In countries less developed than Canada, however, governments have not been able to offer many social security or income-support programs to anyone, including the elderly. For the majority of people in

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(4) W.E. Kalbach and W.W. McVey, The Demographic Bases of Canadian Society, (2nd Edition), McGraw-Hill Ryerson, Toronto, 1979, p. 83.

(5) John Myles, Old Age and the Welfare State. The Political Economy of Public Pensions, Little, Brown and Company, Toronto, 1984, p. 13, 17.

(6) Canada, Health and Welfare, Child and Elderly Benefits, Consultation Paper, Ottawa, January 1985, p. 23.

(7) Barry D. McPherson, Aging as a Social Process, Butterworths, Toronto, 1983, p. 387.

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Third World countries, poverty and hunger are widespread, social and health services underdeveloped and average life expectancies at birth are relatively low. Without social security programs, the elderly must work unless disabled and then must rely on their families or friends for assistance. As in industrialized countries, life expectancies are higher for the rich, but the quality of life is much more related to family resources than in countries with income-support programs.

B. The Effect of Industrialization

Some researchers have suggested that the status of the elderly generally falls with modernization.(8) In preliterate societies, it is claimed, young people had to rely on the memory, skill and experience of the older generation and those with specialized knowledge passed on their expertise to the young. Where respect for age was not given willingly, it was eventually entrenched in law or custom.

With industrialization, however, traditional skills and experience have become less important than higher education and technical expertise. Young people often acquire more formal education than their parents and educated young people hope to enter the labour force somewhere in the middle of the hierarchy rather than at the bottom. They expect to be promoted by merit rather than age or seniority, and feel entitled to share responsibility with older people, to gain prestige and to earn higher incomes than those with less education. Older people with outdated skills are edged out of important jobs on the labour market itself and respecting one's elders becomes a matter of decision rather than tradition. In other words, technological innovation and rapid changes in education may lower the status of the elderly.

Other researchers suggest that the relationship between the status of the elderly and industrialization is curvilinear; that is, the status tends to fall in the early stages of industrialization but rises

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(8) D.O. Cowgill and L.D. Holmes, Aging and Modernization, Appleton-Century-Crofts, New York, 1972.

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again in "post industrial" society.(9) At this time, the proportion of elderly people in the population rises as birth rates fall and life expectancy increases. Social benefits and policies favouring older people are implemented and laws preventing age discrimination are established. The employment and economic position of the elderly are protected, thus enhancing their status in society.

The early versions of modernization theory have generated considerable research in anthropology and social policy. Some researchers argue that this theory is too simplistic and that the status of the elderly is based more on the balance between the cost of supporting the elderly and the social contributions they are perceived as making.

For example, not everyone agrees that the status of the elderly was higher in preliterate society than in industrial society.(10) It is sometimes pointed out that in preliterate societies in which hunting, warfare or physical process were important, elderly men lost status when their physical strength and endurance faded. Women may have gained status from producing children and successfully rearing them, but after their children were grown and women no longer had the strength to gather food, their status fell. In fact, anthropologists and sociologists have generally concluded that the status of the elderly varied according to the type of preliterate society. High status was prevalent in the more sedentary societies and those where cultural values assigned religious, educational, social and political leadership roles to the aged or where they controlled property or wealth.

In other words, where the elderly are perceived as having a strong contribution to make, their status rises. In some Indian tribes in Canada, for example, the status of elders, as the guardians of tradition, has been maintained in a time of resurgence of political awareness of

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(9) E. Palmore and K. Manton, "Modernization and the Status of the Aged: International Correlations," Journal of Gerontology 29 (2), 1974, p. 202-210.

(10) A. Holmberg, Nomads of the Long Bow, Natural History Press, Garden City, New York, 1969, p. 224-225; Fischer (1977).

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minority rights and government support for multiculturalism.(11) The status of the elderly, then, appears to be influenced by their relative size in the population, the skills they are perceived as holding and political decisions which entrench their power.

CANADA'S ELDERLY TODAY

Societies with low rates of geographic and job mobility, such as Japan, often focus on traditional and religious values, and regard the elderly with reverence. As a former "frontier society," however, Canada, like the United States and Australia, has always valued youth, physical strength and independence and has poured public money into schools and other institutions for young people. Yet our social institutions are now being forced to accommodate an aging population -- a trend much more advanced in European countries such as West Germany and Britain.

A. Demographic Trends

Since the Second World War, the percentage of elderly people in the Canadian population has gradually risen because of increased life expectancies, falling birth rates and patterns of migration and immigration.(12) Since 1931, a male's life expectancy at birth has increased from 60.0 years to 72.5 years. For a female, the increase is even greater -- from 62.1 to 79.6 years.(13) At the same time, birthrates have fallen -- from 23.2 births per 1,000 population in 1931 to 14.8 in 1985.(14) While about 10% of the overall Canadian population are now

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(11) Rosamond M. Vanderburg, "Modernization and Aging in the Anicinabe Context," in Victor W. Marshall (ed.), Aging in Canada, (2nd ed.), Fitzhenry and Whiteside, Toronto, 1987, p. 100-110.

(12) Although most immigrants are relatively young, immigrant families tend to produce fewer children than native-born Canadians. In this century, the number of immigrants has fluctuated considerably, leading to an aging population within specific immigrant groups.

(13) Kalbach and McVey (1979), p. 72; Statistics Canada, Population Projections for Canada, Provinces and Territories 1984-2006, Cat. 91-520, Ottawa, May 1985, p. 107.

(14) Maureen Baker (ed.), The Family: Changing Trends in Canada, McGraw-Hill Ryerson, Toronto, 1984, p. 5; Statistics Canada, Births and Deaths 1985, Cat. 84-204, Ottawa, November 1986, p. 2.

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aged 65 and over, patterns of migration and immigration have led to considerable provincial variations in the age distribution of the population. As Table 1 (page 8) indicates, Prince Edward Island is the province with the largest percentage of elderly people (over 12%), followed by Saskatchewan and Manitoba. Many young people have migrated from these provinces for education and employment opportunities elsewhere, leaving behind older people. Consequently, these provinces have higher levels of pensioners relative to their working population and must provide more social programs for elderly residents.

Gender is also a factor in population aging. Canadian women can now expect to live about seven years longer than men, if we look at life expectancies at birth. Although part of this discrepancy may be related to physiological differences, we know that men engage in more dangerous recreation and occupations than do women, smoke more cigarettes, drink more alcohol, are more likely to postpone visits to the doctor and deal with stress differently. The growing imbalance of the sex ratio among senior citizens is a fact which has significant policy implications. Over half of Canada's women aged 70 and over are widows compared to the quarter of men in this age group who are widowers. Women living alone comprise a major segment of households headed by older people, and this has increased substantially since the early 1960s. In the past marriage was usually seen as essential for women's financial security and married women with children were expected to work in the home. Many of these women are now dependent on public pensions because they did not work for pay in their younger years or were excluded from employer-sponsored pension plans.

The life expectancies of poor people are considerably shorter than those of the rich. A recent study from Montreal General Hospital has revealed that people living in the poor Montreal district of Point St. Charles have a life expectancy nine years shorter than their neighbours in nearby Westmount. Residents from Montreal's richest neighbourhoods can also expect about 14 more years free of disabling health problems than people in poorer districts. The poor have above-average rates of accidents, malnutrition, high-risk pregnancies, respiratory and

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Table 1

Population 65 and Over by Province and Territory, Canada, 1981

	Number	As Percentage of Population
Newfoundland	43,780	7.7%
Prince Edward Island	14,895	12.2
Nova Scotia	92,555	10.9
New Brunswick	70,555	10.1
Quebec	569,380	8.8
Ontario	868,190	10.1
Manitoba	121,820	11.9
Saskatchewan	116,170	12.0
Alberta	163,395	7.3
British Columbia	298,175	10.9
Yukon	735	3.2
Northwest Territories	1,320	2.9
CANADA	2,360,975	9.7

Source: National Council of Welfare, Sixty-Five and Older, Ottawa, February 1984, p. 18.

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cardiovascular ailments and mental health problems. The poorer health and shorter life expectancies of poorer people can be attributed to poor nutrition, low quality accommodation, inability to afford prescriptions and health aids, and higher rates of smoking, obesity and physical inactivity.(15) Similarly, high rates of illness among the poor lead to escalating health costs and require the payment of disability pensions by the government. Therefore, more attention needs to be paid to preventive health, including pollution control, accident prevention, improved nutrition and better housing.

The aging of the population has led to important controversies about future patterns of morbidity (disabling illness) and mortality, and about whether the lifespan can be extended by healthier lifestyles and medical breakthroughs. If the average age of the onset of chronic disease rises with the average age of mortality, we may see a similar number of chronically ill older people rather than a significant increase in the future. On the other hand, the prevalence of chronic disease might increase with increasing life expectancy. This debate has not yet been resolved, but it has important implications for future health costs.(16)

Population aging has also led to controversies about the future of public pensions. Demographers have used dependency ratios to predict changes in the ratio between the "dependent" population and the "productive" population. Although the proportion of elderly has been growing, birth rates have fallen at a faster rate and at the same time more women have been entering the labour force. This means that, despite the aging population, the dependent population will not increase and the labour force is not likely to shrink dramatically in the future. But the federal government costs for supporting the elderly through income security

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(15) Nicholas Regush, "Life expectancy for Montreal's poor nine years shorter than for rich: study," Ottawa Citizen, 31 January 1987.

(16) See J.F. Fries, "The Compression of Morbidity: Miscellaneous Comments About a Theme," The Gerontologist, Vol. 4, 1984, p. 354-359; and Daryl Simmons-Tropea and Richard Osborn, "Disease, Survival and Death: the Health Status of Canada's Elderly," in Victor W. Marshall (1987),p. 399-423.

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programs will become higher, while the government costs for children may decline.(17)

B. Education and Employment

Throughout this century, each generation has been able to improve its education and the value on the labour market of diplomas and degrees has risen considerably. Many older people have little formal education by today's standards. According to Statistics Canada, over three-quarters of people 65 and over have no degree, certificate or diploma, compared to over one-third of those 25 to 44.

Since the mid-1960s, the labour force participation rates of men 55 and over have gradually declined as mandatory retirement has been enforced and both public and employer-sponsored pension plans created. On the other hand, as Table 2 (page 11) indicates, women aged 55 to 64 have gradually increased their participation rates as discrimination in the workplace has lessened for older married women and the rising cost of living has often necessitated two incomes in the family.

In general, about 2% of workers in all occupational categories were over the age of 65 in 1981. An analysis of those occupations with an over-representation of older workers reveals that they have certain characteristics which enable the elderly to continue working. Where there is an emphasis on seniority, experience and knowledge, for example in managerial and administrative positions, older workers are over-represented. There are also high proportions of older workers among the self-employed, such as doctors, lawyers, artists and musicians. Where there is a higher than usual statutory retirement age, as there is for federally-appointed judges or senators, there is a higher than usual proportion of older workers. The same is true for jobs with flexible work-scheduling. In occupations with a low incidence of pension coverage

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(17) Unless governments become more involved in child care subsidies or grants. For a discussion of the implications of population aging, see D. Foot, Canada's Population Outlook. Demographic Futures and Economic Challenges, Lorimer, Toronto, 1982; Hans Messinger and Brian J. Powell, "The Implications of Canada's Aging Society on Social Expenditures," in Victor W. Marshall (1987), p. 569-585; Maureen Baker, "The Aging Canadian Population: Social Policy Implications," Background Paper 103E, Research Branch, Library of Parliament, November 1984.

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Table 2

Labour Force Participation Rates, by Sex for Selected Age Groups, Canada, 1966 to 1986*

MALES

	1966	1971	1976	1981	1986
All Ages	79.9%	77.8%	77.6%	78.3%	76.7%
55-64	86.1	83.3	76.7	75.1	68.5
65-69	46.5	32.6	25.4	21.9	18.4
70 +	14.6	12.1	9.8	8.9	7.6

FEMALES

	1966	1971	1976	1981	1986
All Ages	33.6%	37.1%	45.2%	51.6%	55.1%
55-64	28.5	30.9	32.0	33.7	33.4
65-69	10.9	9.7	7.8	7.9	7.1
70 +	3.2	2.6	2.2	2.5	1.9

*Annual Averages

Source: Canada, Health and Welfare, Fact Book on Aging in Canada, Ottawa, 1983, p. 37; Statistics Canada, The Labour Force, December 1986, Cat. 71-001, Ottawa, Supply and Services, January 1987, p. 84.

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and low career earnings, early retirement is less likely to occur. Thus, staying in the labour force after the age of 65 depends largely on the structural characteristics of the occupation.(18)

The treatment of elderly workers varies considerably according to the relations between the occupation and the economy. While emerging technologies tend to prefer to hire young workers rather than retraining older ones, some industrial sectors need older workers with experience and highly developed skills, and prefer to share work rather than promote early retirement.(19) In other occupations, such as teaching, unions protect older employees from redundancy by seniority rules which have led to some conflict between younger and older employees. Until recently, the popularity of early retirement was curtailed by the financial penalties it incurred, but these will undoubtedly be reduced or eliminated in the near future. The older employees most at risk of involuntary lay-off or retirement are those in labour intensive, non-unionized and low-paid work.

While unemployment rates are generally lower for those 55 and over, if they do lose their job the duration of unemployment is longer. Prejudice against older people sometimes prevents the unemployed worker over 40 from finding work, even though, while older workers may not adapt as readily to new technology, they tend generally to be more stable, reliable, consistent and loyal as employees than younger workers.(20)

Opportunities to work part-time have increased for both sexes, but especially for women. One problem for women who take part-time work after re-entering the labour force, is that benefits such as pension

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(18) Mervin Y.T. Chen, "Are Older Workers Marginal Workers?", unpublished paper presented to the Annual Meetings of the Canadian Sociology and Anthropology Association, Montreal, 1985.

(19) Mervin Y.T. Chen, "Shaping Factors of Occupational Age Structures of the Female Labour Force in Canada," p. 158-175 and Judith Stryckman, "Work Sharing and the Older Worker in a Unionized Setting," p. 193-208 in Victor W. Marshall (1987).

(20) Jon Hendricks and C. Davis Hendricks, Aging in Mass Society: Myths and Realities, Winthrop Publishers, Cambridge, Mass., 1977.

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plan membership are not always available. Such re-entrance has, however, enabled many older women to improve their standard of living and perhaps to put away some savings for retirement.

Programs for gradual retirement, involving part-time work and partial pension benefits, are being initiated by some employers, and appear to eliminate some of the psychological trauma and sudden drop in income often associated with full retirement. Early retirement programs have also been encouraged by some private companies and government departments, so as to free jobs for younger people and to save money. But these programs are usually offered only to higher status employees. Those with lower level positions would probably be more eager to take advantage of early retirement, however, as there is a positive relationship between job prestige (and income) and work satisfaction. In other words, lower status workers express less job satisfaction and would be more open to early retirement. Perhaps employers fear that too many workers would take advantage of early retirement programs if they were introduced at all levels.

C. The Elderly as Earners and Consumers

Since the Canadian government introduced major improvements to income support programs in the 1960s and 1970s, and since more employer-sponsored pension plans were developed, elderly people have improved their economic status relative to that of other age groups. Indexed public pensions and high interest rates on their investments have also dramatically improved the economic status of many elderly people, some of whom actually have higher incomes in retirement than when they were working. There are now new categories of Canadians poorer than the elderly -- young mother-led families and unemployed people under 25.(21)

Income in Canada tends to fluctuate considerably by age and sex. In 1985, those 35 to 44 years of age had the highest incomes, perhaps an indication of this generation's higher educational levels (see Table 3, page 14). This static picture of the relationship between income and age, however, should not allow us to forget that for many individuals income rises with age. Those who work at an occupation where there is career

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(21) National Council of Welfare, Poverty Profile 1985, Ottawa, October 1985, p. 1, 2.

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Table 3

Average Income by Age and Sex - 1985, Canada

Age	All Individuals	Males	Females
Under 25	$ 8,446.	$ 9,442.	$ 7,373.
25-34	19,585.	23,973.	14,603.
35-44	24,130.	30,933.	16,183.
45-54	23,476.	30,777.	14,369.
55-59	21,213.	27,373.	13,200.
60-64	17,330.	23,749.	10,421.
65 and over	12,809.	16,114.	10,301.
65-69	14,002.	18,765.	9,454.
70 and over	12,154.	14,508.	10,477.

Source: Statistics Canada, Income Distribution by Size in Canada, (Preliminary Estimates, 1985), Cat. 13-206, Ottawa, September 1986, p. 24.

Table 4

Percentage Distribution of Money Income by Source, for Married Couples and Unattached Individuals Aged 66 and Over, by Sex - Canada, 1981

Source of Income	Married Couples	Unattached Men	Unattached Women
Earnings	15%	9%	5%
Investments	28	28	31
Old Age Security/ Guaranteed Income Supplement	30	32	43
Canada Pension Plan	10	11	7
Pensions from Employers and Annuities	13	16	9
Other Government Transfers	2	3	3
All Other	1	1	2
Average Income	$17,900	$10,900	$8,800

Source: Canada, Health and Welfare, Fact Book on Aging in Canada, Ottawa, 1983, p. 47.

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mobility generally receive promotional and cost of living increases as they get older. Those with investment earnings often increase their income as interest rates rise or with accumulation of compound interest. Compared to earlier generations of elderly people, the elderly today have a higher standard of living, though most still experience a substantial drop in income with retirement from paid work. For men this comes at age 65 but for women the main drop comes after the age of 60, reflecting women's earlier retirement. Since more working people are now covered by employer-sponsored pension plans, retirement may not be as financially significant in the future.

Table 4 (page 14) shows the sources of income for elderly couples and unattached individuals in 1981. Unattached women were least likely to be living on their earnings or employer pensions and over one half of their income came from government pensions.

The elderly have a higher rate of home ownership than younger people, though their homes are likely to be older, in need of more repair and to contain fewer facilities such as automatic washers, microwave ovens, dishwashers and record players.(22) Elderly people are also less likely than younger ones to own automobiles and this may be particularly troublesome where public transportation does not exist or is inconveniently scheduled.

The needs of older people in the market-place have received limited attention until recently. In previous research, the elderly have been characterized as economy conscious, though this may be particularly true for those on fixed incomes. Other researchers have noted that older people are less likely to use credit cards than younger shoppers.(23) Some studies have suggested that the elderly have special needs when shopping such as convenient store location, rest facilities, smaller-sized packages of perishables, larger print for labels, drugs without child-proof

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(22) Statistics Canada, Household Facilities by Income and Other Characteristics, 1985, Cat. 13-567, Ottawa, July 1986.

(23) K.L. Bernhardt and T.C. Kinnear, "Profiling the Senior Citizen Market," Proceedings of the Annual Convention of the Association for Consumer Research, Chicago, 1977, pp. 499-542.

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caps and package carryout.(24) At present, the elderly appear to enjoy shopping less than younger age groups and, unlike adolescents, do not use it as a form of recreation. But inconsistencies in the results of research on the elderly as consumers confirm that the elderly are not a homogeneous group.

Because television has become a constant companion for many older people, recent concern has been expressed about this medium's depictions of old age. Research has documented both the low frequency with which older people appear on North American television and the relatively negative ways in which they are portrayed.(25) It is suggested that these may contribute to feelings of self-doubt and powerlessness among the elderly. Public policies which either permit or prohibit such distorted images in prime-time programming may have an influence on the future status of the older people.

D. Health, Lifestyle and Attitudes

In the last decade, elderly Canadians have experienced rapid declines in mortality. Whether these declines will continue is debatable, but biomedical breakthroughs in the prevention and treatment of senile dementia and osteoporosis could for some elderly people radically change the quality of life and need for institutional care. Health care officials have been particularly concerned about the rising costs of health services for a growing older population but these costs may be artificially inflated by a health care system which relies too heavily on doctors rather than other health professionals, hospitalization rather than home care and curative rather than preventive medicine.(26)

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(24) B.D. Gelb, "Exploring the Grey Market Segment", MSU Business Topics, Vol. 26, 1978, pp. 41-46.

(25) Robert C. Atchley, Aging: Continuity and Change, Wadsworth, Belmont, California, 1983; Lawrence A. Powell and John B. Williams, "The Mass Media and the Aged," Social Policy, 16, Summer 1985, pp. 38-49.

(26) Neena Chappell, Laurel Strain and Audrey Blandford, Aging and Health Care, A Social Perspective, Holt, Rinehart and Winston, Toronto, 1986.

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According to measures of health care and illness such as "bed-days" in hospital, "disability days" or "activity-loss days," those over 65 are definitely less healthy than younger people. The elderly have higher rates of hospital use, longer stays in hospitals and make more frequent visits to physicians than younger people. Yet the elderly vary in their need for medical attention and hospitalization. While most require few health services, a minority, made up of very old people (85 and over), use a disproportionate amount of health resources. Furthermore, hospital costs account for about half of health care costs in Canada.(27)

As people age, their lifestyle usually becomes more sedentary and home-centred and most older Canadians spend their leisure time visiting or talking with friends and relatives. Reduced physical activity with increasing age is not entirely physiological, however, but depends also on attitudes to suitable adult activity, time constraints, lack of facilities for sports and lack of partners. Canadians 65 and over appear to be more active than those of a few years ago but tend to specialize in one particular physical sport or activity rather than participating in a variety.(28) The leisure activities of the elderly, however, depend to a great extent on previous lifestyle, interests and activities. Those with more education, for example, tend to be more active.(29) They are likely to engage in reading, studying, exercising, entertaining and driving more often than the less-educated elderly. Those who live alone are just as likely to be socially active as those who live

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(27) Neena Chappell, "Canadian Income and Health-Care Policy: Implications for the Elderly," in Victor W. Marshall (1987), p. 489-504.

(28) T. Stephens, C.L. Craig and B.F. Ferris, "Adult Physical Activity in Canada: Findings from the Canada Fitness Survey I," Canadian Journal of Public Health, Vol. 77, 1986, p. 285-290; J.E. Curtis and P.G. White, "Age and Sport Participation: Decline in Participation with Age or Increased Specialization with Age," in N. Theberge and P. Donnelly, (eds.), Sport and the Sociological Imagination, Texas Christian University Press, Forth Worth, Texas, 1984, p. 273-293.

(29) Alan Roadburg, Aging, Retirement, Leisure and Work in Canada, Methuen, Toronto, 1985, p. 77.

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together. Leisure activities among the elderly also depend on health, former occupation, marital status and access to transportation.(30)

Although, as Table 5 indicates, older people are far less likely to be the victims of personal crimes such as theft or assault, they fear victimization more than younger people do. Media coverage of serious crimes and of swindles against the elderly promotes this fear. Lessened physical strength and mobility decrease older people's ability to defend themselves and also make them more fearful of violence. The lower rates of personal victimization among the elderly generally result from lifestyle; older people tend to avoid walking in the street at night, avoid high crime environments and generally spend more time at home. Elderly men who live in the street are most at risk.

Table 5

Victimization Rates Per 1,000 Population for Selected Types of Personal Crimes for Selected Age Groups, Canada, 1981

Personal Crimes	Age Groups	
	Less than 65	65 and Over
Theft of Personal Property	71	13
Assault	58	8
Robbery	10	4
Sexual Assault	4	-

Source: Canada, Health and Welfare, Fact Book on Aging in Canada, Ottawa, 1983, p. 83.

Attitudes towards established religions and church attendance vary considerably by age. Bibby (1983) found that from 1946 to 1981, the percentage of Canadians who attended church weekly declined from 67% to 27%. While only 15% of Canadian adults under the age of 30 attend church weekly, 45% of those 60 and over do so. For some elderly people, church

(30) Ibid.

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services provide their major source of social contact and help them cope with grief and death.(31)

Although there is a controversy in the literature about the relationship between religious beliefs and aging, most studies have found that attendance at religious ceremonies remains stable over the lifetime though it may decline somewhat in later years because of poor health or transportation problems. Older people continue, however, to report strong religious beliefs.

E. Ethnic Variations

When discussing the status of the elderly, it is important to keep in mind the many cultural and ethnic groups which make up Canada's population. The way these groups deal with aging and the elderly and the way the dominant society treats the ethnic groups vary according to a group's cultural tradition, socio-economic position and proportion of elderly. This proportion is particularly high among certain ethnic groups, such as the Jewish (16%), the Polish (15%) and the Ukrainian (14%). This reflects the periods of heavy immigration in the earlier part of this century, and in the case of Jewish people, a low fertility rate. Groups of immigrants who came to Canada after World War II generally have lower proportions of elderly and less developed institutions such as retirement homes and seniors' clubs. In the Italian and Chinese groups, for example, only 7% of the population are 65 and over.(32)

Ethnic groups vary in the living arrangements they provide for their elderly. Groups with low fertility rates, high incomes and a high percentage of elderly often have a well-developed system of senior citizen facilities. This has particularly been true for Jewish people in Canada. On the other hand, ethnic groups with lower incomes, high birth rates, large extended families and a lower proportion of elderly (such as Chinese, Italians and Greeks) have preferred the three-generation

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(31) Reginald W. Bibby, "Religious Christianity: A Profile of Religion in the Canadian 80s," Social Indicators Research, 13, July, 1983, p. 1-16.

(32) Statistics Canada, The Elderly in Canada, (1984).

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household. After widowhood, elderly women from these ethnic groups usually live with their children and perform domestic duties such as housecleaning and babysitting. For them to live alone is often perceived as less desirable, even when income permits it.

Canadian ethnic groups also differ in the amount of respect they grant to the elderly. Those from oriental cultures, for example, have continued their tradition of respect for their aged parents even when these are financially dependent on adult children. Other cultural groups, such as Greeks, Italians and Hutterites, still emphasize the authority of the eldest male. Members of the second generation, born and educated in Canada, are often caught between two cultures; with more chance to intermarry and to upgrade their education and skills, as they age they will undoubtedly face a different situation from that of their parents.

Sociologists have emphasized the importance of "entrance status" to Canada. Because of language problems, low educational levels and job discrimination, many older members of ethnic groups occupied low status positions in the labour force and consequently retired with no work pensions, though some were able to save money for their retirement by living frugally, assisting each other or by engaging in entrepreneurial activity. Those ethnic groups which entered Canada with low levels of education and unskilled labour jobs have generally, however, retained their low socio-economic status. On the other hand, elderly British and Jewish immigrants are now among the wealthiest cultural and ethnic groups in the country.

F. Overview

The present generation of elderly in Canada have lived through a major economic depression and the Second World War. These economic and political events have undoubtedly shaped their attitudes and values, affected their educational attainment, job prospects and perhaps even their health and marriage plans. Because they grew up without the social security programs which many young people now take for granted, today's elderly are generally more anxious to save money, more frugal in

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their spending and often censorious of the lifestyles of the younger generations.

FEDERAL PROGRAMS FOR THE ELDERLY

The federal government offers a number of income support programs for the elderly, an income tax exemption for those 65 and over, information services, and a cultural and recreational program (New Horizons). There are no explicit federal health or social programs for the elderly, since these fall within provincial jurisdiction. The federal government, however, is involved through cost-sharing programs such as Canada Assistance Plan and Medicare. The following is a list of federal programs for the elderly with a brief description of each.

A. Advisory Council and Information Service

The National Advisory Council on Aging was formed in 1980 by the then Minister of Health and Welfare, Monique Bégin, to counsel the Minister on matters relating to the quality of life of the aged and to stimulate public discussion on issues relating to aging. The Council consists of appointed members from across the country and has a secretariat and budget provided by the Department of Health and Welfare.

An Office on Aging was established in 1981 within the Department of Health and Welfare (Planning, Policy and Information Branch). The goals of the office are to gather and provide information on the elderly and to act as liaison between government departments and voluntary agencies dealing with aging.

B. Federal Income Support Programs

(1) Old Age Security (OAS) is a modified version of a benefit first introduced in 1927. It is a monthly benefit paid to all persons 65 and over who satisfy certain basic residency requirements. OAS is indexed to the cost of living and is taxable.

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(2) Guaranteed Income Supplement (GIS) was first introduced in 1967 and is paid monthly to OAS recipients who have little or no income apart from OAS.

(3) Spouse's Allowance is available to a spouse (or widow/widower) of an OAS recipient if that spouse is between 60 and 65 and has a low income. It was introduced in 1975.

(4) Canada Pension Plan Benefits Program has, since 1966, provided a retirement pension for former members of the labour force. Contributions are compulsory and are paid by employees and matched by employers. Death benefits are paid following the death of a qualified contributor and a spouse's pension may be paid to the surviving spouse.

(5) Income Programs of the Department of Veterans Affairs (DVA). Since 1930, the federal government has granted benefits to war veterans and their families. War Veterans Allowance is payable to female veterans or veterans' widows at age 55 and to male veterans or widowers of female veterans at age 60. The Treatment Services Program provides medical, dental, and home care service free of charge to eligible veterans. The Special Housing Assistance Plan allows veterans of World War II or Korea to receive grants to assist them to construct or purchase homes. Several benevolent funds also assist service men and women and their dependants.

(6) Income Tax Exemptions are offered to all persons 65 years of age and over who file an income tax form through Revenue Canada.

C. Federal Housing Programs

The federal government provides funds, which are available for the elderly as well as other age groups, for subsidized housing. These programs include the Residential Rehabilitation Assistance Program to assist and repair substandard dwellings, start-up funds for Non-Profit Cooperatives and Home Improvement Loans. These can be used for nursing homes, senior citizens' apartments or for private individuals making changes to their residence to accommodate an elderly disabled person.

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D. Health and Community Support Services

The federal government funds health and community support services indirectly through federal-provincial cost-sharing. Hospital and medical services are funded through Medicare, which is a national program with national guidelines. Yet each province administers its own health insurance programs and medical services, including any special health services or drug plans for the elderly.

The Canada Assistance Plan provides cost-sharing with the provinces for social services. But these facilities and programs for the poor and elderly are designed and administered by the provinces and municipalities. Some examples of provincial programs for the elderly include homemakers' services, day care programs, transportation services, seniors' centres, extended care hospitals, senior citizens' drug plans, exemption from health insurance premiums, and special discounts at recreational facilities and services.

E. Cultural and Recreational Programs

The New Horizons program was established in 1972 by Health and Welfare Canada to promote the social participation of older adults. Funded are non-profit projects which are organized and run by the seniors themselves, including sports projects, recreation and crafts programs, historical, educational and cultural projects, social services, information services and activity centres.

In order to apply for a New Horizons grant, a group of a least ten persons, most of whom are over 65 and permanently retired, must agree to serve as voluntary project directors. Funds are not available for salaries but may be granted for capital expenditures, and grants are given to support projects for an 18-month period, with possible extensions.

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NON-FEDERAL BENEFITS

Provincial governments, with costs shared by the federal government, offer a variety of medical, health and social services to elderly people. The details of these benefits, however, vary by province. A number of provinces -- including Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon and Northwest Territories -- provide income supplementation programs for senior citizens. All provinces offer taxation or shelter assistance programs to assist financially elderly renters or homeowners.

Provincial governments administer health care programs (under Medicare) and some of those charging premiums waive the cost for those 65 and over. Provincial insurance plans generally cover the services of physicians and some other health practitioners, hospital services, a portion of extended care in nursing homes and homes for the aged, a portion of ambulance services and dental procedures performed in a hospital. Some provinces also operate prescription drug plans for seniors and welfare recipients which allow these groups to receive their prescriptions free of charge. In addition, provincial jurisdiction covers homes for the aged run by municipalities or charitable organizations and privately-run nursing homes.

Some provinces issue senior citizen privilege cards to those 65 and over to allow them to take advantage of special discounts offered to seniors by governments and participating businesses. Grants for community recreation facilities and programs for seniors are sometimes made available to municipalities, boards of education and approved corporations by the provincial government. Provinces also have established advisory councils to promote and develop opportunities for self-help and to review policies affecting the elderly, and have created seniors' secretariats to convey information, encourage research and coordinate policies in different provincial government departments. Volunteer counselling for seniors by seniors is administered by some provincial governments. In addition, provincial governments fund a variety of community support services, such as visiting homemakers, elderly persons' centres, chronic home care, meals-on-wheels, day care, diners' clubs and telephone reassurance.

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As well, municipal governments, the private sector and voluntary organizations provide benefits for particular groups of elderly. In comparison with federal and provincial benefits, the size of the benefits is small, yet they should nevertheless be acknowledged.(33) The most important non-government benefit is the employer-sponsored pension plan. Most public sector plans are contributory, with the employee paying into the plan as well as the employer. Nearly one half of private sector plans,however, are non-contributory and provide pensions which are non-portable benefits.(34) The participation rates in private pension plans vary from occupation to occupation, ranging from low rates (1%) for agricultural workers to over 50% for those working in manufacturing, transportation and communications.

Corporations and municipal governments also offer discounts to senior citizens and banks sometimes offer special rates and services. Transportation companies provide fare reductions; some universities, colleges and vocational schools waive tuition fees; museums, art galleries and theatres often reduce regular admission prices. Such reductions for the elderly are often attempts to increase participation rates in commercial entertainment or transportation services.

Voluntary organizations provide an extensive range of services to the elderly, particularly in urban areas. These include such services as day care for the chronically ill, home nursing care, alcohol and drug dependency treatment and homemakers' assistance. These services are financed by charitable donations and, in some cases, government subsides.

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(33) Helen McKenzie and Jack Stilborn, "Social Benefits for Senior Citizens: an International Comparison," Research Branch, Library of Parliament, Ottawa, 14 November 1985.

(34) Statistics Canada, Pension Plans in Canada 1984, Cat. No. 74-401, August 1986, p. 17.

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AN INTERNATIONAL COMPARISON OF PROGRAMS FOR THE ELDERLY

The largest component of the welfare state budget in modern day democracies consists of expenditures for the elderly. Old age pensions and benefits to survivors, widows and the disabled comprise up to 80% of the income maintenance programs in some OECD countries. In Canada, this figure was about 40% in 1972(35) but had risen to over 50% by 1984.(36) In Old Age and the Welfare State, John Myles argues that the critical reasons for qualitative improvements in public pension entitlements are the involvement of the working class in the political process, the election to office of working class parties and a highly competitive democratic electoral process which increases the responsiveness of parties to the demands of the electorate. Yet these factors can be effective only within certain economic conditions. Public pension systems expanded in the decades after World War II, but since the mid-seventies, such expansion has come to a virtual standstill in most capitalist democracies.

Comparing programs for the elderly in different countries is difficult because of variations in the cost of living, differences in the relative importance of national, regional and local benefits, and the relative value of programs such as subsidized housing and transportation, food stamps or free health care. In some countries, pensioners receive both a universal and earnings-related benefit, but basic pension benefits are usually inadequate without other resources and most countries augment them for those in financial need.

The comparative adequacy of pensions can be calculated either by relating them to the national average wage or by looking at them as a percentage of pre-retirement income. Using either of these two methods, Canadian and American pensions are low compared with those in countries such as Sweden, France and West Germany.(37) An American study

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(35) John Myles (1984), p. 2.

(36) Canada, Health and Welfare (1983).

(37) Organisation for Economic Co-operation and Development, Public Expenditure on Income Maintenance Programs, Paris, 1976; United Nations, The World Aging Situation: Strategies and Policies, New York, 1985.

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of 12 industrialized countries showed that the old age pension available to an average worker in the manufacturing industry in 1980 ranged from 29 to 69% of the previous year's earnings for a single beneficiary, and from 47 to 83% of the previous year's earnings for couples.(38) In Canada, the replacement rate of previous earnings for a single worker was 34% in 1980 and 49% for a couple, among the lowest of the 12 countries. The rate in the United States was 44% and 66% for the same year (see Table 6, page 28).

Compared with other parts of the world, however, especially developing countries, elderly Canadians and Americans are well-off. In developing countries, newly introduced social security schemes for the elderly are sometimes limited to specific categories such as urban industrial workers, civil servants, military personnel and teachers. Though the schemes were initially designed to cover the entire wage-earning population, expansion to other categories of workers has often been slower than expected. As the great majority of workers, rural labourers and the self-employed, remain unprotected, social security fails to protect even the neediest workers and their families in these countries.

Although the percentage of elderly people in developing countries is lower than in industrialized nations, their numbers are large and growing rapidly. Most old people live with their families, providing essential services such as housework and child care. But families clearly need assistance, especially in caring for the sick or dependent elderly, as incomes are low and two wage earners are often needed to support the family. Before adequate policies and programs for the elderly can be devised, however, basic problems such as impure water, widespread poverty, chronic disease, food shortages and low wages need to be addressed. Economic and cultural dependency, which characterizes many Third World nations, must be considered when outside advisers and consultants assist in designing and developing programs for the elderly.(39)

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(38) Jonathan Aldrich, "The Earnings Replacement Rate of Old-Age Benefits in 12 Countries, 1969-90," Social Security Bulletin, Vol. 45, No. 11, November 1982, p. 5.

(39) Sheila M. Neysmith and Joey Edwardh, "Economic Dependency in the 1980s: its Impact on the Third World Elderly," Ageing and Society, Vol. 4, Part 1, March 1984, p. 21-44.

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Table 6

Replacement Rates of Social Security Old-Age Pensions for Workers with Average Wages in Manufacturing, and for Couples, Selected Countries, 1969-1980

	Pension as % of earnings in year before retirement					
	Single Worker			Aged Couple		
	1969	1977	1980	1969	1977	1980
Austria	67	64	68	67	64	68
Canada	24	33	34	41	47	49
Denmark	31	27	29	45	44	52
France	41	64	66	56	78	75
Federal Republic of Germany	55	54	49	55	54	49
Italy	62	64	69	62	64	69
Japan	26	53	54	27	57	61
Sweden	42	59	68	56	73	83
Switzerland	28	39	37	45	59	55
United Kingdom	27	28	31	43	43	47
United States	30	40	44	44	60	66

Source: Jonathan Aldrich, "The Earnings Replacement Rate of Old-Age Benefits in 12 Countries, 1969-90," Social Security Bulletin, Vol. 45, No. 11, November 1982, p. 5.

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In China, where social services and pensions are not well developed, the family is expected to care for the sick, the handicapped and the elderly. China is the only country which has actually written this obligation into legislation. According to the 1980 Marriage Law, children must look after and support their parents when these are no longer able to work and care for themselves. This will certainly place increased pressure on the family in the future because family size in China is declining. That country's one-child policy, which is enforced through tax and financial incentives, will place a heavier burden on fewer children. If the one-child policy is effective, who will care for the elderly in 30 years? It may be necessary for China to create more state-funded facilities and services for the elderly, whose percentage of the population and numbers grow larger as the birthrate falls.(40)

In many countries, work and retirement policies force older workers to choose between economic hardship and continuing to work beyond the retirement age. Forced retirement can lead to feelings of social isolation and lack of social participation as well as a sudden drop in income. But older workers who stay in the labour force could cause hardships for younger workers seeking employment or promotion, and for employers who often prefer younger, more adaptable employees.

Inequalities exist in the old age benefits available to men and women in many countries. Part-time and migrant workers are also likely to find themselves outside the income security system when they reach old age. Because of their limited access to paid work, older women are particularly likely to find themselves in this position. Even when they are in the labour force, interruptions for child-rearing make it difficult to accumulate sufficient periods of insurance to qualify for normal old-age pensions. Lower wages for women than for men also lead to lower social insurance benefits, since these benefits are usually based on previous wages. Throughout the world, women are among the most impoverished sectors

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(40) Mark A. Clarfield and J.T. Paltiel, "The Greying of China," The Globe and Mail (Toronto), 7 April 1986, p. A7.

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of the elderly population and, considering women's faster-rising life expectancies, governments will need to address this problem.

Worldwide inflation and rising energy costs jeopardize the limited incomes of the elderly. While a number of industrialized countries have tried to maintain the purchasing power of pensions in recent decades, the provisions for indexing pensions need to be strengthened in programs around the world. Plans for future social security programs must take into consideration projections for the population, especially the ratio of those who are expected to be financially dependent on the working population. At the same time, when designing new pension schemes, policymakers must be aware of the potential burden these will place on future generations of wage-earners.(41)

CONCLUSION

Retirement policies and benefits for the elderly have been possible only in those societies with enough surplus to afford them. In many industrialized countries, such benefits increased substantially after World War II when production grew and labour markets expanded. In some developing nations, however, the best that can be provided is a pension for certain categories of state employees or urban workers. Those outside these job or residential categories must provide their own retirement for old age, which means that retirement remains a luxury.

The trend toward earlier retirement continues in industrialized countries, despite rising life expectancies. This trend is accompanied by an attempt to eliminate sex discrepancies in the age of retirement and in retirement benefits. Many countries are also trying to come closer to maintaining pre-retirement incomes with their elderly benefits. Old age pensions are increasingly perceived as a right rather than a privilege and in most industrialized nations are no longer focused solely on the poor.

As the proportion of elderly people rises in industrialized countries, the potential for their increased political power also grows.

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(41) United Nations (1985).

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Although the elderly are political heterogeneous and do not generally vote as a block except on pension-related issues, the political implications of mandatory retirement, improved pensions and increased services and facilities for an older population are becoming evident in many countries.

Benefits for Canadian senior citizens have improved considerably since the 1960s so that elderly people are no longer the poorest age category. Despite recent challenges to mandatory retirement rules, there has been a long-term trend toward early retirement as pension benefits have enabled more people to choose this option. Many private-sector pension plans, however, are not indexed to the cost of living, have low coverage rates and include lower benefits than public-sector pension plans.(42) Improvements to Old Age Security and the Canada Pension Plan have made a significant difference to the financial status of the elderly. As the population continues to age, other services and facilities will have to keep pace with developments in social security.

Some gerontologists have reiterated the need for major reforms in health care in order to focus more on home care, "dying with dignity," preventive health and the use of a greater variety of health care professionals.(43) In addition, lack of suitable housing or social and community services necessary for the elderly to stay in their own homes will have to be addressed as soon as possible. Knowledge of how the status of elderly persons is changing is essential in planning services, facilities and public programs, not only for today's elderly but for the increasing numbers projected for the future.

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(42) Statistics Canada, Pension Plans in Canada 1984 (1986).

(43) Chappell (1986).

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